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ABSTRACT

This study explored empirically the influence of acculturation (Hispanics' acquisition of behavioral patterns of the North American culture) on help seeking (coping) when a stressful event is experienced. It has been proposed that mental health services in the United States are highly reflective of Anglo American cultural values and thus culturally irrelevant to Hispanics. Hispanic heads of households (N=248) were interviewed by telephone. Experience with stressful life events and strategies used to cope with them were assessed, as well as demographic information, types of problems any family member may have experienced during the last year, whether assistance was sought and from whom, and the degree of satisfaction with the help. The experience of at least one problem was reported by 196, or 79%, of the respondents. Only 47 or 24% reported receiving assistance by someone else. Contrary to expectations, only 15% reported receiving help from a relative while 38% saw a mental health professional. Likewise only 19% reported seeing a non-professional human service provider such as a priest or folk healer. Physicians were the source of help sought by 51% of respondents. There was not a significant difference in the percentage of those with high acculturation and low acculturation in experiencing problems. The low and high acculturation groups did not differ significantly in the frequency of use of any of the sources of help. (ABL)

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HISPANICS' COPING AS A FUNCTION OF ACCULTURATION*

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INTRODUCTION

The underutilization of mental health services by Hispanic Americans is a consistent finding in the extant literature (e.g., Cervantes & Castro, 1985; Hough et al., 1987; Padilla & Ruiz, 1973; Special Report to the President's Commission on Mental Health [SRPCMH], 1978). Several suggestions have been proposed to account for this phenomenon including Hispanics' perception of emotional problems, negative attitudes toward health services, the absence of health insurance, and linguistic, cultural, and institutional barriers (Barrera, 1978; Keefe, 1979; Wells et al., in press). The crucial empirical validation of these proposed variables, however, seems to be minimal.

The present study is an attempt to explore empirically the influence of acculturation (i.e., Hispanics' acquisition of behavioral patterns of the North American culture) on help seeking (coping) when a stressful event is experienced. It has been proposed that mental health services in the U.S. are highly reflective of Anglo American cultural values and thus culturally irrelevant to Hispanics (Moreno, 1982; Padilla, Ruiz, & Alvarez, 1975; SRPCMH, 1978). Therefore we hypothesized that Hispanics with higher levels of acculturation toward the dominant North American (Anglo) culture would be more likely to receive assistance from a mental health professional. Secondly, Hispanics' use of non-professional sources of support, especially the family and also human service providers (e.g., priests, folk healers) has been suggested to account for mental health services underutilization (Cervantes & Castro, 1985; Padilla & Ruiz, 1973). Thus, it was hypothesized that low levels of acculturation would be associated with a greater likelihood of receiving assistance from non-professional sources of support.

METHODS

Subjects

Two hundred and forty eight Hispanic heads of households from El Paso were interviewed by telephone. The sample was

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selected at random from the set of self ascribed Hispanics, Mexicans or Mexican Americans from the 1990 census. The present analyses only includes respondents whose country of origin is Mexico. The mean yearly family income was \$17,948, and the mean educational level of the adults in the family was between seven and nine years.

Instruments

A survey was developed in English and Spanish to assess the experience of stressful life events and strategies used to cope with them. The survey elicited demographic information, types of problems that any family member may have experienced during the last year, whether assistance was sought, if so, from whom, and their degree of satisfaction with the help received.

An index of "family" acculturation was obtained with the following items: language spoken in the household (only Spanish=1, Spanish and English=2, only English=3); place of birth of family members (all in Mexico=1, some in Mexico and some in the U.S.=2, all in the U.S.=3); and self-ascribed ethnicity of family members (Mexican=1, Hispanic American & Mexican=2, Hispanic American=3). Cronbach's alpha for this index was .60.

Procedure

Fluent bilingual students were trained to conduct the telephone interviews. They introduced themselves as students affiliated with the University of Texas at El Paso and conducted the interviews in the respondent's language of preference.

RESULTS

Problems and Help Sought

The experience of at least one problem was reported by 196 (79%) respondents. The list of 22 problems was clustered into five groups that can be seen in Figure 1. Death, personal, family, and mental problems were reported by 51 to 41% while monetary problems by 30% of those who experienced problems. Of those respondents who reported having experienced one or more problems, only 47 (24%) reported receiving assistance by someone else while 149 (76%) did not report receiving any type of help. The frequency of respondents who sought help from the different sources in the former group can be seen in Figure 2. Contrary to expectations, only 15% reported receiving help from a relative while 38% saw a mental health professional (i.e., a psychiatrist, psychologist, or professional counselor). Likewise, only 19% reported seeing a non-professional, human service provider (i.e, a priest or folk healer). Physicians were the source of help sought by a larger number of respondents (51%).

Acculturation Analyses

A median split was used to dichotomize low and high acculturation respondents. The relationship between acculturation and the experience of problems was first explored. For this purpose respondents were divided into two groups: those who did not experience problems and those who experienced one or more in the total list and in the different types of problems. Table 1 shows the frequency of respondents who reported experiencing problems broken down by low and high acculturation. The larger difference between these two groups was in the experience of any problem: low acculturation 36.7% vs. high 42.3%. This difference, however, was nonsignificant.

The effects of acculturation on seeking help from the different sources were then tested; the results can be seen in Table 2. The frequency of respondents who resorted to relatives for support was compared with professional and other sources of support outside the family. For this purpose, the frequency of respondents who sought help from any mental health professional (a psychiatrist, psychologist, or professional counselor) was computed as well as the frequency of those who saw a human service provider (a priest or folk healer). Physicians were the source of help with the larger difference in frequencies between the low and high acculturation groups, 19.1 vs. 31.9% respectively. However, it can be observed in table 2 that the low and high acculturation groups did not differ significantly in the frequency of use of any of the sources of help.

DISCUSSION

The results of this study suggest that nearly 8 of every 10 Hispanic households in El Paso have recently experienced one or more problems with a wide range of seriousness (e.g., money related, deaths of significant others, mental problems, etc.). Of this group who reported experiencing problems, approximately only one of every four reported turning to someone else for help to cope with such problems. This finding is consistent with the results of the Los Angeles Epidemiological Catchment Area (ECA) studies where Mexican Americans have been found to have lower frequencies of help-seeking and mental health care visits when compared to non-Hispanic Whites (Golding & Wells, 1990; Hough et al., 1987). This lower rate of help-seeking has not been explained by lower rates of mental disorder, nor by social integration (i.e., marital status, and number of relatives and friends). A possible alternative explanation is that, as suggested by some authors, Hispanics tend to cope with a self-abnegation, self-modification style characterized by personal strength and endurance (Avendaño-Sandoval & Díaz-Guerrero, 1990; Díaz-Guerrero, 1975; Díaz-Guerrero & Melgoza-Enriquez, 1991; Ramírez, 1983). Further research that integrates ethnic/cultural traits, stress-coping paradigms, and institutional and cultural barriers of mental health services is needed.

The small group of respondents who reported seeking help, however, did not corroborate Hispanics' alleged preference of the

family and human service providers over professional services. The frequency of respondents who sought help from mental health professionals was twice larger than those who resorted to the human service sector and more than twice larger than those who turned to relatives. This finding challenges the presumption that the family is Hispanics' main source of emotional support. Obviously, further research is essential to clarify this result. However, Sabogal et al. (1987) observe that research on familism should differentiate its attitudinal from its behavioral components. Sabogal et al. suggest that while most Hispanics probably have high levels of attitudinal familism (e.g., feelings of reciprocity and solidarity) behavioral manifestations of such attitudes are also a function of environmental influences such as geographic isolation.

A salient finding evidenced in the pattern of help-seeking is that physicians were sought by the higher frequency of respondents. This may be interpreted to be due to Hispanics' somatization of emotional problems (Cervantes & Castro, 1985) and their general inability to distinguish emotional from physical components of health (Padilla & Ruiz, 1973). Nonetheless, results of multi-site ECA studies, which include non-Hispanic samples, suggest that the general medical sector is the only source of help sought by approximately 50% of those individuals with a mental disorder (Hough et al., 1987). Further investigation of this phenomenon is crucial in order to avoid adding undue overburden to medical sector and to insure that individuals suffering from a mental disorder receive specialized care.

Finally, acculturation was not found to have significant gross effects on either the experience of problems or help seeking. The extremely low frequencies that were used to test the differences in help seeking between the low and high acculturation groups merit the cautious interpretation of the present results. The low rate of Hispanics who report utilizing mental health care services has hindered more adequate analyses and declined the generalizability of results in previous studies (e.g., Golding & Wells, 1990; Hough et al., 1987). Future research should attempt to overcome this limitation as well as incorporate predisposing variables of seeking help from mental health specialist such as gender, possession of insurance, and current health status (c.f., Wells et al., in press).

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Table 1

Frequencies of respondents who experienced one or more problems
broken down by low and high acculturation^a

Problem	Acculturation			
	N	<u>Low</u> %	N	<u>High</u> %
Any problem	91	36.7	105	42.3
Personal	48	19.4	52	21.0
Death	47	19.0	52	21.0
Family	40	16.1	51	20.6
Money	31	12.5	28	11.3
Law	7	2.8	7	2.8

^aAll X^2 (1, 248) tests were nonsignificant ($p > .10$).

Table 2

Frequencies of respondents who sought different sources of help
broken down by low and high acculturation^a

Source of help	Acculturation			
	N	<u>Low</u> %	N	<u>High</u> %
Doctor	9	19.1	15	31.9
Mental Health Professionals	10	21.3	8	17.0
Psychiatrist	6	12.8	3	6.4
Psychologist	3	6.4	2	4.3
Prof. Counselor	4	8.5	3	6.4
Relatives	5	10.6	2	4.3
Human Service Providers	5	10.6	4	8.5
Priest	5	10.6	3	6.4
Folk Healer	0	0.0	1	2.1

^aAll χ^2 (1, 47) tests were nonsignificant ($p > .10$).

Figure 1. Frequencies of Problem Types

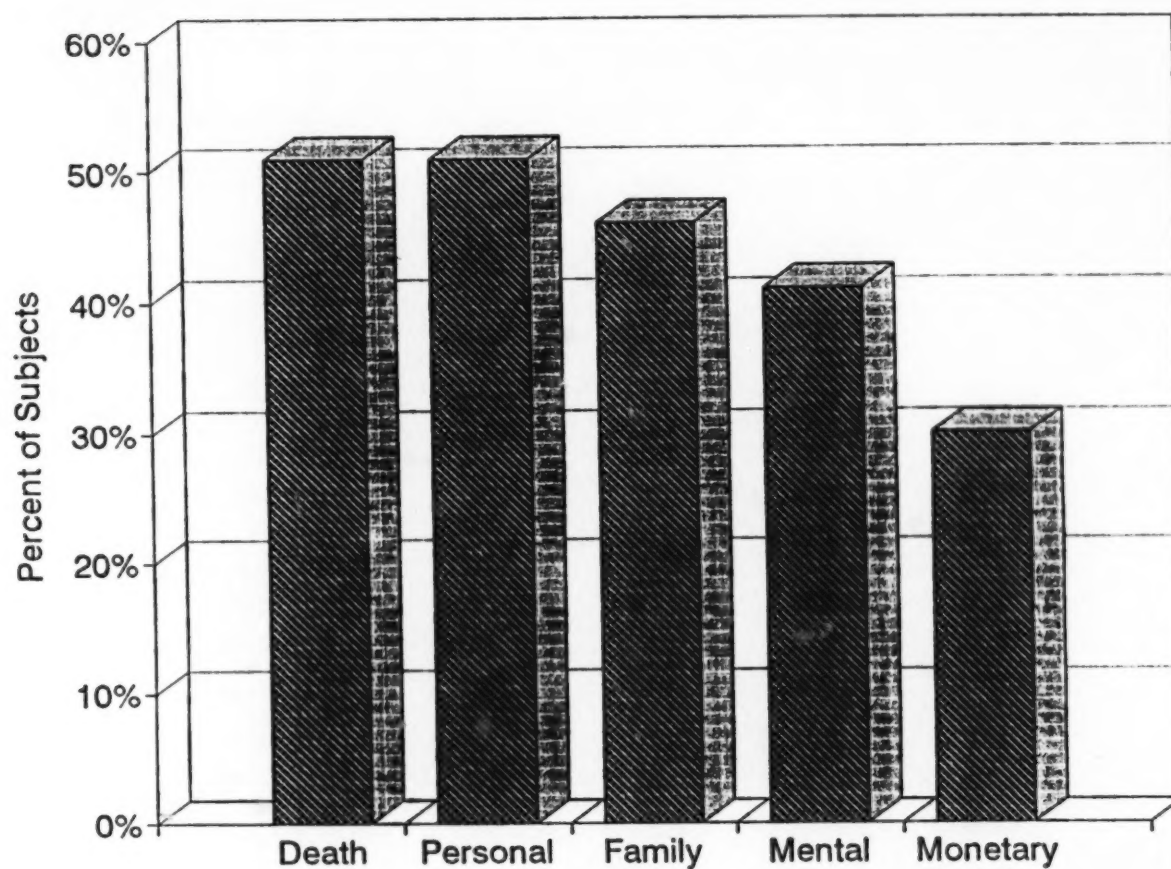


Figure 2. Frequencies of Use:
Sources of Help

